



Certified Nutritional Genomics SpecialistSM (CNGSSM) Exam Registration

Date _____

Date you completed the ANA Nutritional Genomics Training program _____

1. Provide your legal first and last Name.

2. Provide your full mailing address (street#, street, city, state, zip code and country).

3. Provide your phone numbers, including area code.

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

4. Provide your preferred email address for all correspondence regarding your exam and certification. (School email addresses are not encouraged)

5. What is your current position or job title? _____

6. Choose the professional sectors that apply to your current work:

Clinical

Industry

Education

Government

Research

7. Choose the Professional Field(s) that apply to you:

- | | |
|---|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Herbalist |
| <input type="checkbox"/> Certified Nutrition Specialist (CNS) | <input type="checkbox"/> Naturopathic Doctor |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Culinary Professional | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Other Health Professional |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Health Coach | <input type="checkbox"/> Physician (MD/DO) |
| <input type="checkbox"/> Health Researcher/Writer | <input type="checkbox"/> Physician Assistant |

8. Choose the Degree you hold and upload a copy of the qualifying degree and/or license to your portal (choose "Misc" in the dropdown menu):

- MS degree in the field of nutrition or dietetics from a United States regionally accredited college or university, or its foreign equivalent
- Doctoral degree in the field of nutrition, dietetics, related health science or medicine, from a United States regionally accredited college or university, or its foreign equivalent
- Certified Nutrition Specialist (CNS) credential or Registered Dietitian Nutritionist (RDN) credential or licensed/certified as a nutritionist/dietitian (LDN, CDN)
- License as a healthcare practitioner in the US with nutrition in the legal scope of practice, including MD/DO, DC, ND, NP, PA, RN, PharmD, Doctor of Nursing or foreign equivalent.

9. How would you like your name to appear on the CNGS certificate?

10. Experience Requirement statement of understanding

I understand I will need to complete and submit one [Personalized Nutrition Case Data Collection](#) and one [Personalized Nutrition Case Report](#) to earn the CNGS certification. If I cannot complete and submit them by the exam application deadline, I understand that I have up to 6 months after passing the CNGS exam to submit these reports. Upon submission and approval of these reports, I will then be awarded the CNGS certification.

11. Registration fee

I have paid the \$250 CNGS Certification Fee

Please upload this form to your portal.

Signature